

SMART & BIGGAR*Intellectual Property & Technology Law***To Fax no.:** 1.703.872.9306

438 University Avenue

Page 1 of: *20*

Suite 1500, Box 111

Attention: USPTO

Toronto, Canada M5G 2K8

From: Ronald D. Faggetter / Colin C. Climie

Tel.: (416) 593-5514

Your file no.: Patent Serial No. 09/750,071

Fax: (416) 591-1690

Reply to Toronto file no.: 91436-314**Date:** July 6, 2004**Time:****The following documents are enclosed:****RECEIVED
CENTRAL FAX CENTER**

1. Transmittal Letter.
2. Response to Office Action dated July 6, 2004.

JUL 06 2004

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:
Maged E. Beshai
Serial No.: 09/750,071
Filed: December 29, 2000
For: BURST SWITCHING IN
A HIGH CAPACITY NETWORK

) Group Art Unit 2661
)
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)
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Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450
USA

Examiner: Anthony T. Ton
Attorney Docket No.: 91436-314

Certificate of Transmission

I hereby certify that this correspondence is being
facsimile transmitted to the Patent and
Trademark Office Fax No. (703) 872 9306
on July 6, 2004.

Signature 
Ronald D. Faggetter

TRANSMITTAL LETTER (Large Entity)

Dear Sir:

Transmitted herewith is a response in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	34	21	13	X \$18.00	\$234
INDEP. CLAIMS	11	8	3	X \$86.00	\$258
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$492

- No additional fee is required for amendment.
- Please charge Deposit Account No. 19-2548 in the amount of \$492.00. A duplicate copy of this sheet is enclosed.
- Conditional Petition for Extension of Time: An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this transmittal have been considered. Please charge the fees required therefor to Deposit Account No. 19-2548.
- A check in the amount of _____ to cover the filing fee is enclosed.
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-2548. A duplicate copy of this sheet is enclosed.
 - Any additional filing fees required under 37 C.F.R. 1.16.
 - Any patent application procession fees under 37 C.F.R. 1.17

July 6, 2004

Date
91436-286
Encl.
Telephone: (416) 593-5514


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